

"FEE ADDRESS" INDICATION FORM

Address to:
Commissioner for Patents
Box M Correspondence
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INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number 05318

Type Customer Number here

OR

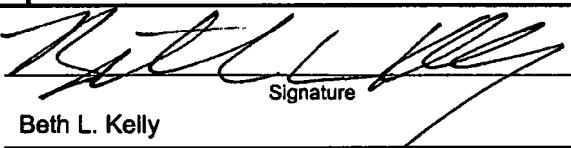
Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/623,272

Completed by (check one):

Applicant/Inventor



Signature

Beth L. Kelly

Typed or printed name

Attorney or Agent of record 51,868
(Reg. No.)

Assignee of record of the entire interest. See
37 CFR 3.71. Statement under 37 CFR 3.73(b) is
enclosed. (Form PTO/SB/96)

(415) 576-0200

Requester's telephone number

Assignee recorded at Reel Frame

July 30, 2007

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box M Correspondence, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Approved by the Board of Directors of the U.S. Postal Service and the Board of Directors of the U.S. Postal Rate Commission.

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Slot M Correspondence
Commissioner for Patients
P.O. Box 1459
Alexandria, VA 22313-1459

INSTRUCTIONS: Only an address associated with a Customer Number can be established as the home address for correspondence fee purposes (hereafter, the address). A fee address should be specified when the potential would the correspondence related to rate increases fees to be passed to a different address than the current address (see the application). If there is a Customer Number already associated with the home address for the packed or closed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the packed or closed application, you must check the second box below and attach a Request for Customer Number form (PTCBR101A). For more information on Customer Numbers, see the Manual of Postal Marketing Practices (MOP) § 401.

Please recognize as the "Fees Address" under the provisions of 37 CFR 1.103 for 2017/2018 associated with:

 Customer Number:

21899

Required for Customer/Number (PTO/23/12) attached hereto
in the following form: *Subcontractor of a firm with the following address:*

PAYMENT NUMBER (if known)	ADDITIONAL PAYMENT NUMBER
	09/020,879

Compiled by [Mark](#)

□ **Additional Resources**

Attorney or Agent of record 22-510

David Wilson

LITERATURE

Statement under 27 CFR 2.27(a) is enclosed.

JOURNAL OF CLIMATE

TYPE OF TEST AND TEST

A copy of records of the entire interview, Section 27 CFR 27.7, Statement under 27 CFR 27.101 is enclosed.
Yours truly,
[Signature]

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Academy of Management Review

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